	000 T			tended to M	_		T J	Zタもりすし Tov Dotum	_	12218 9 OMB No 1545-0887
Form 	990-T		xempt Orga	nd proxy tax und	SIIIE er se	ction 603	)   E    3(e)		20 T	01115 110 1040-0007
**	يَّب	For cal	endar year 2017 or other tax ye					N 30, 20		2017
D				irs gov/Form990T for in					_	
Intern	tment of the Treasury al Revenue Service	<b></b>	Do not enter SSN numbe						).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (				uctions.)		DEmpto (Empto	yer identification number byees' trust, see
	address changed		<u>Asso</u> ciation	_	ing					ctions)
	xempt under section		Machinery,						_1	3-1921358
ļ <u>X</u>	501(c)(3)	or Type	Number, street, and room			structions.				ited business activity codes istructions )
<u> </u>	408(e) 220(e)	] -	2 Penn Plaz						-	
$\vdash$	」408A		City or town, state or prov New York, N			n postal code			1	
C Bo	ok value of all assets	L	E Croup avamation numb	or (Coo instructions )			-			
at	end of year 166.588.7	52.	G Check organization typ	e X 501(c) corr	ooration	1   50	1(c) trust	401(a	) trust	Other trust
H De	scribe the organization	n's prima	ary unrelated business acti	vity. ► Adverti	sin	g Reve			.,	
			oration a subsidiary in an a					<b>•</b>	Ye	s X No
		-	ifying number of the paren	• • •		•	•			
J Th		-	DARREN RAMDI				Teleph	one number 🕨 🛭	212-	626-0584
Pa	rt I Unrelated	d Trac	le or Business Inc	ome		(A) Inc	ome	(B) Expense	s	(C) Net
1 a	Gross receipts or sale	S								
	Less returns and allow			c Balance	1c					
2	Cost of goods sold (S		•		2					
3	Gross profit. Subtract				3					
	Capital gain net incom		•	4707)	4a				$\longrightarrow$	
			art II, line 17) (attach Form	14/9/)	4b 4c	•				
С 5	Capital loss deduction		ns ips and S corporations (att	ach statement)	5				<del></del>	
6	Rent income (Schedu		ps and 5 corporations (att	acii statement)	6				$\dashv$	
7	Unrelated debt-finance	•	ne (Schedule F)		7				<del></del>	
8			nd rents from controlled o	rganizations (Sch. F)	8					
9			n 501(c)(7), (9), or (17) o	- , .	<u> </u>	-				
10	Exploited exempt activ			<b>J</b> (	10				$\neg \uparrow$	
11	Advertising income (S	-	•		11	1,239	,050.	518,6	579.	720,371.
12	Other income (See ins	struction	s; attach schedule)		12				-	
13	Total. Combine lines		•		13	1,239		518,6	579.	720,371.
Pa			t Taken Elsewher							
			itions, deductions must		g-with	the unrelate	d busines:	s income )	<del></del>	05 55
14		ıcers, dıı	ectors, and trustees (Some	due Kai V E. L.	ز				14	25,773.
15	Salaries and wages			l o	2				15	257,712.
16 17	Repairs and maintena Bad debts	апсе	430*	Y <b>2 0</b> 2019	<u>۲</u> ۱				16 17	17,850.
18	Interest (attach schei	dula)	2	iģ	21	See	Stat	ement 1	18	20,260.
19	Taxes and licenses	uuic)		DEN, UT	_	Dec	Deac	cmerre 1	19	1,500.
20		ons (See	instructions for limitation		ñt	3 See	Stat	ement 2	20	34,796.
21	Depreciation (attach l	•					21			
22	•		Schedule A and elsewher	e on return			22a		22b	
23	Depletion					'			23	
24	Contributions to defe	erred cor	npensation plans						24	
25	Employee benefit pro	grams							25	
26	Excess exempt exper	nses (So	hedule I)						26	
27	Excess readership co	•	•						27	48,313.
28	Other deductions (att								28	100 001
29	Total deductions Ad		-						29	406,204.
30			come before net operating		t line 29	3 trom line 13			30	314,167.
31			(limited to the amount on		am l.= -	20			31	21/ 157
32			icome before specific dedu			ას			32	314,167.
33	Shecing againstion (6	aenerally	\$1,000, but see line 33 in	suluctions for exceptions	)				33	1,000.

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

90

33 34

Part I	11 -	Tax Computation					
				1			
35	_	nizations Taxable as Corporations See instructions for tax computation.		i l			
		olled group members (sections 1561 and 1563) check here   See instructions and:		•			
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1)	[\$					
b	Enter	organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) A	dditional 3% tax (not more than \$100,000)					
C	Incor	ne tax on the amount on line 34 See Statement 5	•	35c	{	85,7	38.
36	Trust	s Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:	-				
		Tax rate schedule or Schedule D (Form 1041)	•	36			
37		/ tax. See instructions		37			
				$\rightarrow$			
38		native minimum tax		38			
39		n Non-Compliant Facility Income See instructions	44	39		<del></del>	20
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> 47</u>	40		85,7	<u> 38.</u>
Part I	_	Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)		]			
b	Other	credits (see instructions) 41b		1			
C	Gene	ral business credit. Attach Form 3800		1			
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)		1			
		credits Add lines 41a through 41d		41e			
42		act line 41e from line 40		42		85,7	38.
		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack		43		<del>, , ,</del>	<del></del>
43	-				<del></del> ,	98,9	11
44			48	44		, o	<u> </u>
	-	ents: A 2016 overpayment credited to 2017	000	<b>¹'</b> ∣			
			,000.	4			
C	Tax d	eposited with Form 8868		]			
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)		]			
е	Backı	ıp withholding (see instructions) 45e		]			
f	Credi	t for small employer health insurance premiums (Attach Form 8941)		1			
a	Other	credits and payments: Form 2439		1			
·		Form 4136 Other Total > 45g					
46		payments. Add lines 45a through 45g	SI	46	1 (	00,0	00.
47		ated tax penalty (see instructions). Check if Form 2220 is attached	71	47			
48		ue. If line 46 is less than the total of lines 44 and 47, enter amount owed		48			
		·	< 11	ightarrow		1 0	89.
49 دع	-	payment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	רג.	49			
5/50- 100-41		the amount of line 49 you want. Credited to 2018 estimated tax		5 <u>0</u>		1,0	89.
Part \		Statements Regarding Certain Activities and Other Information (see instruction	is)				
51		time during the 2017 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a	i financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file					[
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				<u></u>	
	here	▶ United Kingdom				X	
52	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?				Х
		5, see instructions for other forms the organization may have to file.					
53		the amount of tax-exempt interest received or accrued during the tax year >\$					
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my kno	wledge ar	nd belief, it	ıs true,	
Sign	CO	rect, and complete Declaration of preparer (other than taxpayer) lebased on all information of which preparer has any knowledge.  Director Financi	a 1 🗀				
Here		Services Services	M		discuss th		with
		Signature of officer Date Title		e prepare structions	r shown be	`-	ا ۸۸ ۲
						Yes	_  No
		Print/Type preparer's name Preparer's signature Date Chec		f PTIN	J		
Paid		self-	employed				
Prepa	rer						
Use C		Firm's name ► Firm	n's EIN 🕨				
	,						
•		Firm's address ▶ Pho	ne no.				
	_		_	_			

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	<u></u>				<del></del>
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	·	
2 Purchases	2		7 Cost of goods sold S	ubtract l	ıne 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		_	
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)		
1 Description of property								
(1)								
(2)								
(3)						_		
(4)								
	2. Rent receiv	ed or accrued			2/a) Deductions directly	·	the receme	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)	tage f	3(a)Deductions directly columns 2(a) ar	nd 2(b) (attach s	chedule)	ın
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	instructions)					
			2 Gross income from or allocable to debt-		3 Deductions directly con to debt-finance	ed property		
1 Description of debt-fit	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		her deductior ch schedule)	
(1)						1		
(2)								
(3)				1				
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	cable deduct 8 x total of co (a) and 3(b))	
(1)			%					
(2)			%					
(3)			%	1				
(4)	-		%	1				
		•			nter here and on page 1, Part I, line 7, column (A)		e and on pag ne 7, column	
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	18	·		<b>&gt;</b>			0.

Form 990-T (2017) Machinery, Inc.

·	-	1		Exempt	Controlled O	rganizatio	ons				
1 Name of controlled organizat	tion	2 Em identif num	cation		related income e instructions)		al of specified nents made	ıncluc	rt of column 4 led in the cont cation's gross	trolling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income		unrelated incor see instruction		9. Total	of specified pay made	ments	10 Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		Deductions directly connected the income in column 10 ,
(1)	·		-								
(2)											
(3)		•									
(4)											
							Add colur Enter here and line 8, i		e 1, Part I,	i e	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.	}	0
Schedule G - Investme		me of a	Section	501(c)(	(7), (9), or	(17) Or	ganizatior	1			
1 Desc	ription of inco	ome			2 Amount of	ıncome	3 Deduction directly connection (attach scheduler)	ected	4 Set-	-asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				<b>&gt;</b>		0.					0
Schedule I - Exploited (see instru	_	t Activity	/ Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
		_	3 Fx	penses	4. Net incon		£ _				7. Excess exempt
1 Description of exploited activity	unrelated incom	Gross d business ne from business	directly of with pro of uni	connected oduction related s income	from unrelated business (co minus colum gain, comput through	n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	page 1	ere and on 1, Part I, , col (A)	page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 28
Totals -		0.		0.						3	·   0
Schedule J - Advertisi		•		•							
Part I Income From	Periodio	cals Rep	orted o	n a Con	solidated	Basis					
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	or (loss) (c	tising gain of 2 minus ain, compute nrough 7	5 Circula income		6 Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1					-	
(2)									L		
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	0							0

Form 990-T (2017) Machinery, Inc.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

	<b>-</b>		,	•				
	1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)	•			_		-		
(4)	Statement	6	1239050.	518,679.	720,371.	361,029.	2428052.	48,313.
Totals fr	om Part I	<b></b>	0.	0.			-	0.
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)	,	•	**	Enter here and on page 1, Part II, line 27
Totals, F	Part II (lines 1-5)	▶	1239050.	518,679.		•	<u>.</u> .	48,313.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	Chief Operating	%	
(2) Patricia M. Ryan	Officer	5.00%	25,773.
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	25,773.

Form 990-T (2017)

## Form 4626 Department of the Treasury

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www irs gov/Form4626 for instructions and the latest information

2017

	Association for Computing			Employer identification number
	Machinery, Inc			13-1921358
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction		1	313,167.
2	Adjustments and preferences:			
;	a Depreciation of post-1986 property		2a	
	Amortization of certified pollution control facilities		2b	<del></del> _
	c Amortization of mining exploration and development costs		2c	<del></del> -
	Amortization of circulation expenditures (personal holding companies only)		2d	
(	e Adjusted gain or loss		2e	
1	Long-term contracts		2f	
-	g Merchant marine capital construction funds		2g	
Ì	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	i Tax shelter farm activities (personal service corporations only)		2i	
i	Passive activities (closely held corporations and personal service corporations only)		2j	
i	k Loss limitations		2k	
1	I Depletion		21	
ı	m Tax-exempt interest income from specified private activity bonds		2m	
	n Intangible drilling costs		2n	_
(	Other adjustments and preferences	*	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	313,167.
4	Adjusted current earnings (ACE) adjustment			· ·
ä	a ACE from line 10 of the ACE worksheet in the instructions	4a   313,167.		
ı	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b 0.	_	
(	Multiply line 4b by 75% (0.75) Enter the result as a positive amount	4c		
(	d Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)	4d		
6	e ACE adjustment.		i	
	If line 4b is zero or more, enter the amount from line 4c		,	
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	·	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	·	5	313,167.
6	Alternative tax net operating loss deduction. See instructions		6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a res	sidual		
	interest in a REMIC, see instructions		7	313,167.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line	8c):	•	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled			
	group, see instructions. If zero or less, enter -0-	Ва		
b	Multiply line 8a by 25% (0.25)	3b	,	
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled		-	
	group, see instructions. If zero or less, enter -0-		8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	313,167.
0	Multiply line 9 by 20% (0.20)		10	62,633.
1	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	[	11	
2	Tentative minimum tax. Subtract line 11 from line 10 Stmt 8	Blended Rate	12	31,574.
3	Regular tax liability before applying all credits except the foreign tax credit		13	85,738.
4	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter here an	od on	I	· <del></del>
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u></u>	14	0.
WΑ	For Paperwork Reduction Act Notice, see separate instructions			Form 4626 (2017)

\* See also

► See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of	Form 4626		1 1	313,167.
2 ACE depreciation adjustment.			7 -	<del></del>
a AMT depreciation	•	2a		
b ACE depreciation:				
(1) Post-1993 property	2b(1)	<del></del>		
(2) Post-1989, pre-1994 property	2b(2)		•	
(3) Pre-1990 MACRS property	2b(3)	<del></del>		
(4) Pre-1990 original ACRS property	2b(4)	<del></del>	', ,	
(5) Property described in sections	15(1)	· · ·		
168(f)(1) through (4)	2b(5)	<u> </u>		
(6) Other property	2b(6)	<del></del>		
(7) Total ACE depreciation. Add lines 2b(1) through		2b(7)	'	
c ACE depreciation adjustment. Subtract line 2b(7) from	• •	[20(1)]	2c	
3 Inclusion in ACE of items included in earnings and pro			20	
a Tax-exempt interest income	iiiis (car).	3a		
b Death benefits from life insurance contracts		3b	<del> </del>	
c All other distributions from life insurance contracts (in	oludina currondoro)	30	'	
d Inside buildup of undistributed income in life insurance	• •	30	<del> </del>	
		30	<del> </del>	
e Other items (see Regulations sections 1.56(g)-1(c)(6)	(III) uirougii (IX)	3e		
for a partial list) f Total increase to ACE from inclusion in ACE of items ii	soluded in ERD. Add lines 2s.		3f	
4 Disallowance of items not deductible from E&P:	iciudeu iii eaf. Aud iiiles sa	unough se	31	
a Certain dividends received		4a		
1		<del>                                     </del>	<del> </del>	
Dividends paid on certain preferred stock of public utilities that	·			
affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19,		4b	<del> </del>	
c Dividends paid to an ESOP that are deductible under s		4c	-	
d Nonpatronage dividends that are paid and deductible (	muer section	44		
1382(c)	(s) and (s) for a	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)	(i) and (ii) for a	140	.,	
partial list)	n not dodustible from COD. A	dd haas 4s through 4s	<del></del>	
<ul><li>f Total increase to ACE because of disallowance of item.</li><li>Other adjustments based on rules for figuring E&amp;P:</li></ul>	s not deductible noin ear. A	od imes 4a tillough 4e	4f	
		ا ده ا		
a Intangible drilling costs		5a	—— `,	
b Circulation expenditures		5b	<b>─</b> ┤	
c Organizational expenditures		50	<b>─</b> ┤	
d LIFO inventory adjustments		5d		
e Installment sales	.b. F.	_ 5e	——————————————————————————————————————	
f Total other E&P adjustments. Combine lines 5a throug	In Se		5f	
6 Disallowance of loss on exchange of debt pools	alıfınd favarını		6	
7 Acquisition expenses of life insurance companies for c	quaimed foreign contracts		7	
8 Depletion	la an anakanna -f 4004		8	
9 Basis adjustments in determining gain or loss from sa	*	• •	9	
O Adjusted current earnings Combine lines 1, 2c, 3f, 4	, and St through 9. Enter the	result here and on line 4a of	40	212 167
Form 4626			10	313,167.

Form 990-T	Interest Paid	Statement
Description		Amount
NYS CT-13 Paid in FY2017		20,260
Total to Form 990-T, Page 1, li	ne 18	20,260
Form 990-T	Contributions	Statement
Description/Kind of Property	Method Used to Determine FMV	Amount
Computing Research Association Anita Borg Institute for	N/A N/A	221,000
Women in Technology		15,000
Mills College	N/A	6,000
Bowling Green State University		8,000
Iowa State University	N/A	10,000
Harvard University	N/A	30,000
Total to Form 990-T, Page 1, li	ne 20	290,000

Form 990-T	Contributions Summary		Statement	3
Qualified Contri	butions Subject to 100% Limit	1	•	
Carryover of Pri For Tax Year 2 For Tax Year 2 For Tax Year 2 For Tax Year 2 For Tax Year 2	013 014 015			
Total Carryover Total Current Ye	ear 10% Contributions	290,000		
Total Contributi Taxable Income L	ons Available imitation as Adjusted	290,000 34,796		
Excess 10% Contr Excess 100% Cont Total Excess Con	ributions	255,204 0 255,204		
Allowable Contri	butions Deduction		34,	796
Total Contributi	on Deduction	•	. 34,	796

Form 990-T	Other Taxes	Statement 4
Description	-	Amount
Total of Lines 42 + 42 Qualifed Transportation		85,738. 13,173.
Total Tax on Form 990	-T, Page 2, Part IV, line 44	98,911.

Form	990-T Line 35c Tax Computation		Statement 5
1.	Taxable Income	. 313,167	
2.	Lesser of Line 1 or First Bracket Amount .	. 50,000	
3.	Line 1 Less Line 2	. 263,167	
4.	Lesser of Line 3 or Second Bracket Amount .	. 25,000	
5.	Line 3 Less Line 4	. 238,167	
6.	Income Subject to 34% Tax Rate	. 238,167	
7.	Income Subject to 35% Tax Rate	. 0	
8.	15 Percent of Line 2	. 7,500	
9.	25 Percent of Line 4	. 6,250	
10.	34 Percent of Line 6	. 80,977	
11.	35 Percent of Line 7	. 0	
12.	Additional 5% Surtax	. 10,658	
13.	Additional 3% Surtax	. 0	
14.	Total Income Tax	=	105,385
15.	Tax at 21% Rate effective after 12/31/2017	65,765	
	Days		
16. 17.	Tax Prorated for Number of Days in 2017 184 Tax Prorated for Number of Days in 2018 181		
18.	Total Tax Prorated 365		85,738

Form 990-T S	chedule J - Income from Periodicals Reported on a Separate Basis				Statement 6	
Name of Periodical	Gross Adv Income	Direct Adv Cost	Gain (Loss)	Circ Income	Rdrship Costs	Excess Rdrship Costs
Communications of		<del></del>				
the ACM	266,036.	217,723.	48,313.	361,029.	2428052.	48,313.
Career Resource						
Center	940,994.	287,823.	653,171.			
Interactions	13,680.	3,639.	10,041.			
SIGAPP	1,600.	759.	841.			
SIGCSE	3,100.	1,603.	1,497.			
SIGACT	6,750.	3,171.	3,579.			
CROSSROADS (XRDS)	6,890.	3,961.	2,929.			
To Fm 990-T, Sch J	1239050.	518,679.	720,371.	361,029.	2428052.	48,313.

Form 4626	AMT Contributions	
Carryover of Prior Years Und For Tax Year 2012 For Tax Year 2013 For Tax Year 2014	sed Contributions	-
For Tax Year 2015 For Tax Year 2016		
Total Carryover Current Year Contributions		290,000
Total Contributions 10% of Taxable Income as Adj	usted	290,000 34,796
Excess Contributions		255,204
Allowable Contributions		34,796
AMT charitable deduction Regular contribution deducti	on	34,796 34,796
AMT contribution adjustment		0

Tentative Minimum Tax (TMT) Proration	Statement	8
Tentative mimimum tax for the entire year 62,633.	-	
TMT in effect before 01/01/2018 62,633.		
TMT in effect after 12/31/2017 0.		
Days		
TMT prorated for number of days in 2017 184 31,574. TMT prorated for number of days in 2018 181 0.		
TMT prorated	31,57	74.